

**QUARTERLY CONTRACT MONITORING REPORT (QCMR)
SUPPORTIVE HOUSING PROGRAM**

USTF PROJECT CODE: _____	REPORTING QUARTER	(Check One)
NAME OF AGENCY: _____	JULY 1 to SEPTEMBER 30	1 _____
NAME OF PROGRAM: _____	OCTOBER 1 to DECEMBER 31	2 _____
PERSON COMPLETEING FORM/PHONE NUMBER: _____	JANUARY 1 to MARCH 31	3 _____
DATE SUBMITTED: _____	APRIL 1 to JUNE 30	4 _____
	Check Agency Reporting Quarter (Check One)	
	1 _____	2 _____
	3 _____	4 _____
A. Current Contracted Capacity		
		A. _____
1. Beginning Active Caseload (Carry-over from last quarter already Housed)		1. _____
2. Number of New Enrollees to Program Element During this Quarter (Placed in Housing)		2. _____
3. Number of Enrollees who were terminated from Supportive Housing This Quarter		3. _____
3a. Number of clients/reasons for termination:		
_____ No longer require Supportive Housing Services		
_____ Returned to Supervised Housing	_____ Lost to Contact	
_____ Hospitalized more than six months	_____ Moved out of Catchment Area	
_____ Evicted	_____ Deceased	
_____ Jailed	_____ Other	
4. Ending Active Caseload (Last Day of Quarter)		4. _____
Of the ending caseload how many individuals are:		
4a. Medicaid/Familycare enrolled	4b. Non-Medicaid/Familycare enrolled	
_____	_____	
5. Clients enrolled in SH Services that were referred from the following this quarter:		
5a. State/County Hospitals	5a. _____	
5b. Short Term Care Facility	5b. _____	
5c. Other inpatient settings (i.e., Voluntary)	5c. _____	
5d. Level A+, A, B, C, Family Care Supervised Housing	5d. _____	
5e. "Other Locations" (i.e. family, homeless, Boarding Home, Shelter, etc)	5e. _____	

6. PROGRAM INDICATORS: Of your ending active caseload, report the number of clients receiving:	Number
6a. Support services that promotes community integration. (Includes any and all services to be provided as defined in 10:37A-4.3 Services to be provided by the SH program)	6a. _____
6b. Mental health medication and illness self-management. (As defined under 10:37A-4.3, c.7)	6b. _____
6c. Linkage, Coordination and Monitoring of Mental Health Services (Outpatient, Partial Care/Hospitalization services (ensures access to, assists with arranging appts and monitors, but not mandates on-going involvement with services)	6c. _____
6d. Linkage, Coordination and Monitoring of Medical and Dental Services (ensures access to, assists with arranging appts and monitors, but not mandates on-going involvement with services)	6d. _____
6e. Linkage and assistance to obtain benefits including, but not limited to: medicaid/medicare, food stamps, Section 8 or SRAP, transportation voucher, etc.	6e. _____
7. COMMUNITY INTEGRATION OUTCOME INDICATORS: Of your ending active caseload, report the number of clients linked to:	Number
7a. Paid Employment (full or part time)	7a. _____
7b. Volunteer work	7b. _____
7c. Education programs	7c. _____
7d. Mainstream benefits including, but not limited to: Medicaid/medicare, food stamps, Section 8 or SRAP, transportation voucher, etc.	7d. _____
7e. Natural or Community Support activities, including but not limited to: Self-Help Centers, self-help groups for Substance/Alcohol Abuse, community based clubs/organizations/recreational activities, spiritual or religious organizations, etc.	7e. _____
<p>Individual Units of Service: face to face contact with one consumer for 15 continuous minutes. If a contact exceeds more than 15 continuous minutes, count as multiple contacts. If two staff members simultaneously serve one client, count as one staff contact. Travel time to and from contact is to be excluded from overall contact time.</p> <p>Group Units of Service: face to face contact where one staff member serves between two and six clients simultaneously for 15 continuous minutes, count as one group contact per client (group contacts of seven or more clients by one staff member are not reportable). Travel time to and from contact is to be excluded from overall contact time.</p>	
8. UNITS of SERVICE	
	Individual Group
8a. Number of Face to Face Client Contacts	_____
8b. Number of Face to Face Client Family Contacts	_____
8c. Number of Face to Face Collateral Contacts on Behalf of Clients	_____
8d. Total Units of Service (Add 8a, + 8b + 8c)	_____
9. Of the Individual Units of Service, how many were provided to individuals who are:	
9a. Medicaid/Family care eligible _____	9b. Non-Medicaid/Family care eligible _____
10. Of the Group Units of Service, how many were provided to individuals who are:	
10a. Medicaid/Family care eligible _____	10b. Non-Medicaid/Family care eligible _____